



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0011  
Telephone:

CPM Section 2300  
Exhibit B

Notice Date:

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Account Number:

Tax Year(s):

Balance Due:

The Franchise Tax Board has approved your account for a payment of each month. The next step is for you to complete this form and return it to us. After we process your Electronic Funds Transfer Authorization we will send you a State Income Tax Installment Agreement Acknowledgment letter.

**IMPORTANT:** Please write the word "void" on the front of a blank check and attach it to this form. Mail both items in the enclosed envelope within 15 days of the date of this letter. If you do not do so, the Franchise Tax Board may proceed with collection action.

Please attach voided check here

I, (print name) \_\_\_\_\_, hereby authorize the Franchise Tax Board to initiate and process debit entries to the account identified below. This authorization will remain in effect until the balance due has been paid in full, or until the Franchise Tax Board cancels the installment agreement, or until the Franchise Tax Board has received and processed a written notification from me.

I request that \$ \_\_\_\_\_ be debited from my account on the \_\_\_\_\_ (please specify) day of each month. Do not enter a date later than the 28<sup>th</sup>. If this day falls on a Saturday, Sunday or holiday, the transfer is authorized for the next business day.

If the Franchise Tax Board cannot deduct the monthly payment from my account because of insufficient funds or because my account is closed, the Franchise Tax Board will cancel my installment agreement. The Franchise Tax Board will charge me a dishonored payment penalty and possibly a collection fee. I will be responsible for any overdraft fees charged by my bank.

Name AND Branch of Bank: \_\_\_\_\_

Bank Routing and Transit Number: \_\_\_\_\_

This is the nine-digit number at the bottom left of your check. Your bank can tell you its routing number.

Account Number: \_\_\_\_\_ Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_

The account **MUST** be a regular checking or regular savings account.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Signer's Name - Please Print \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

### FOR FTB USE ONLY

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_